

**Department of Economic Security
Division of Developmental Disabilities**

May 2007



Providing news from the Division to Therapists about therapy services topics

e-Therapist Bulletin

National Provider Indicator – Will You Be Ready?

GET IT.

SHARE IT.

USE IT.



The final date for compliance is May 23, 2007. Covered health care providers have had 22 months to apply for their NPI – further delays could disrupt your cash flow. Act **now** if you still don't have your NPI! **It's easy and it's free!**

Have your NPI and don't know what to do with it? Share it. Share it with the Division and colleagues who rely on having your NPI to submit their claims (e.g., those who bill for ordered or referred services). You should also share it with your business associates, such as a billing service, vendor, or clearinghouse. Pay close attention to information from the Division as to when it will begin accepting the NPI in claims.

Once the Division has informed you that it is ready to accept NPIs, follow the instructions provided by the Division.

Please refer to the AHCCCS website to get the most current information on the NPI:

<http://www.ahcccs.state.az.us/site/>

New Assistant Director for the Division of Developmental Disabilities

In December 2006 **Barbara Brent** was appointed as the Assistant Director for the Division of Developmental Disabilities. Ms. Brent had served for four years as the Division's Deputy Assistant Director and most recently as the Acting Assistant Director for the Division. Ms. Brent has consistently proven her leadership of the agency and her commitment to the community during her tenure at DES (Department of Economic Security).

Ms. Brent has worked in the disabilities field for more than 27 years. She has a masters degree in special education and has worked in public and private sector positions including case management; Director of Supported Employment Services for the State of Oregon, day and vocational program director; Community Services Coordinator for Denver's Community Centered Board for People with Disabilities; Education Coordinator for the University of Colorado Health Science Center (University Affiliated Program/UCEDD); and Deputy Assistant Commissioner and Deputy Commissioner in Tennessee. Ms. Brent's avocations include systems change, community development, facilitation, positive behavioral support, personal futures planning and bringing people from the community and government together to create positive change.

Articles are written by Karen Kittle, Division Director of Program Development and Policy, in collaboration with Division Administration and Division Business Operations staff.

Please contact Karen by email at kkittle@azdes.gov or by phone at 602-364-2855 with questions or comments.

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Therapies

District Therapy Coordinators meet on a monthly basis with the Statewide Therapy Coordinator. The districts continue to work with new qualified vendors as they contract with the Division to assist in the process of authorization and address any concerns with billing and and/or payment.



Division of Developmental Disabilities

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www.azdes.gov/ddd



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District 3

Welcome to District 3 Therapy Network Coordinator **Carol Carlton**, LPN. Carol brings over 23 years experience in diversified medical positions. Her experience with Long Term Acute Care (LTAC) as Director of Admissions and a Community Liaison for a 118 bed and a 27 bed rehab hospital and 12 Skilled Nursing Facilities (SNF) has given her a close working relationship with hospital case managers, SNF case managers, and therapists. Carol has also had a close working relationship with physicians, families and staff. She has an insurance background including major insurance companies, Medicaid and Medicare.

Carol can be reached at 928-773-8496 or email CCarlton@azdes.gov

District 1

Welcome to the new District 1 Therapy Network Coordinator **Leah Gibbs**; we are fortunate to have someone with such a broad knowledge of the District and its community.

Leah was a volunteer for the Division from 1992 to 1999 and became an employee in March 1999 assisting in developing and delivering a 3 week Core Training to new Support Coordinators state wide. She left State service for a short time in 2003, returned and then accepted a position as the Residential Resource Coordinator.

Leah is also mother of a 20 year old son who receives supports through the Division.

Leah can be reached at 602-246-0546 x13171 or email LGibbs@azdes.gov

Statement of Professionalism

- ♦ I will respect the rights and dignity of all individuals and will provide compassionate care.
- ♦ I will be trustworthy towards my consumers, families and care givers and in all other aspects of therapy practice.
- ♦ I will place welfare of my consumers, families and caregivers above my own self-interest.
- ♦ I will provide accurate and relevant information to consumers, families and caregivers about their care and to the public about all therapy services.
- ♦ I will exercise sound judgment and comply with laws and regulations that govern all therapies and protect the public from unethical, incompetent and illegal acts.
- ♦ I will maintain professional competence and promote high standards for therapy practice, education and research.
- ♦ I will address the health needs of society and strive to effect changes that benefit consumers, families/caregivers , and the community.
- ♦ I will respect the rights, knowledge and skills of colleagues and other health care professionals and seek consultation whenever the welfare of the consumer or family may be advanced.

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair

accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.

Speech Therapy Reminder !

Bachelor level therapists with a "*limited license*" can practice in the school systems as speech therapists; however, a bachelor level therapist with a "*limited license*" cannot practice for the Division of Developmental Disabilities except as a Habilitation Communication Specialist.

More information can be found on the Division's website under Vendor Qualifications.

Documentation

Policy 600 and the vendor contract require daily documentation of each therapy session to support billing questions and for audit purposes. An audit may occur when a family makes a complaint to the Division. Such cases can become a professional regulatory issue. Should you be investigated by your professional board when complaints are made directly to them, your daily notes become imperative in explaining your therapy techniques and teaching strategies. The three areas that are frequently missed in documentation are: 1) Level of competency displayed by caregiver; what teaching strategy is recommended and monitored; 2) Sensitivity in documenting if the caregiver or the individual receiving the therapy has been compliant following a brief explanation; 3) Verification of any problems from the previous session, e.g. where the strategy used may have caused bruising (e.g. Range of Motion) or redness from the application of a splint that did not disappear in 20 minutes. It should be reviewed with the caregiver that some of these problems naturally occur as therapy and not to be alarmed given the above parameters. Quarterly progress reports are due to the support coordinator 15 days prior to the Individual Support Plan (ISP) meeting. All therapists are encouraged to attend the ISP and provide the information in order to develop appropriate goals with the individual.

Billing Note by Kim Maldonado

Please call the Benefits Coordinator if you're unable to obtain a payment or denial from an insurance company after 45—60 days of actively seeking payment.

Rather than waiting until the end of the month to send in your EOBs for deductibles with your monthly billing, we are now writing date-specific waivers for them. You'll get paid for them faster and you have documentation as well!

Waivers can be faxed to 602-542-8193 — completed waiver requests will be faxed back to you — a much faster turnaround for you and more cost-effective for the Division!

If you have billing training questions, please call me at 520-742-7679 x 121.

Practice of Therapies During School Hours

Therapists cannot bill the Division for services rendered during school hours, including lunch hours. This would violate federal regulations since the school systems already bill and are reimbursed for the services they provide. Therapists have asked if they can provide therapy services at the school either before or after school hours. This would depend on each school district and/or principal's willingness to assume the liability for any accident on the school property. In rural areas a therapist frequently serves both the Division and a school system. The Individual Education Plan (IEP) specifically documents educational goals and the ISP documents community-based goals. The Division's policy that the caregiver is present at all times is stated in Policy 600 and the Qualified Vendor Contract.

School Based Claiming Program/Direct Service Claiming (DSC) is described by AHCCCS as follows: Through this program AHCCCS provides Medicaid coverage of certain services to be rendered by providers who are employed by, or contracted with, the member's Local Education Agency (LEA). Therefore Division services cannot be practiced in the schools without conflict.

Home School Based versus Home Bound Therapies:

Home bound individuals may be exempt from attending a full day school program, or have medical conditions or behavior problems that interfere with a full program. Therapists can provide services to individuals that are home bound. "Home Schooling" is for individuals who receive schooling at home following a specific curriculum that meets school district requirements. Therapists cannot provide services during these hours. The Individualized Support Plan (ISP) documentation should note what the declared hours are for home schooling. Such hours frequently have flexibility and allow therapists to provide services outside of the designated "school hours".

Therapy versus Specialty

During an ISP discussion with an individual, family/caregiver and other professionals regarding specialist services, it is not the specialty that should be requested but the discipline to provide the service (Occupational Therapy (OT), Physical Therapy (PT), or Speech Therapy (ST). It is the professional discipline (therapy) that is reimbursed and not the specialty. An ISP Team can request an OT with a background of sensory integration; an ST/OT with a background as a feeding specialist; or a PT with a background with Neuro-Developmental Treatment (NDT), etc. This has been emphasized in professional organizations; we are a discipline with specialization.

I hereby pledge to hold my knowledge in trust for the good of those people whom I serve. Therefore, I will:

- Endeavor to keep the needs of the individuals and communities I serve foremost in my thoughts and actions;
- Deliver therapy services that demonstrate excellence at all levels of care while valuing and honoring diversity and respecting others as equals;
- Advocate for needed services and the rights of individuals regardless of the constraints I may face;
- Strive to always act in a manner that is consistent with the philosophical base and values of the profession by upholding the therapy code of ethics, abiding with those in need of care even in the face of personal risk, and upholding the dignity of all human beings regardless of their condition; and
- Model and foster leadership, and facilitate spiritual, personal, and professional growth for myself, my profession and in others.

Consultation Model Development for Individuals over 3 years of age

Discussion has taken place in several districts about a consultation model for individuals over three years of age the Division serves. The consultation model is mentioned and encouraged in the Qualified Vendor Contract as an option to be considered during discussion with families and development of the Individualized Support Plan (ISP). Guidelines with entrance/exit criteria are being drafted and reviewed. Discussions will occur with therapists, support coordinators and families as the consultation model is further defined, along with a plan for transition. Many districts hope to use this model of service as an option. Feedback on the optional consultation service model has been positive. This consultation model is not to be confused with the proposed AzEIP re-design that uses a core team approach. For further feedback on the model and/or the entrance/exit criteria please contact your district therapy coordinator.

Physical/Occupational Therapists and Assistants Reminder

Both Physical/Occupational Therapists and Assistants are responsible to know board regulation for supervision requirements. Are you aware of Board changes made in 2006? Competency and level of supervision need to be clearly documented in the field file. Therapists must let caregivers know when an Assistant is carrying out a program and the frequency of supervision to be provided. Caregivers must be advised how to reach a therapist if there are any concerns.

*The term **Mental Retardation** has been replaced with **Cognitive Disability**. Changes within DDD and our forms are on-going.*



Division of Developmental Disabilities

Therapy Network

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